

Victorian Patient Transport Assistance Scheme (VPTAS) Travel and Accommodation Diary

Patient name: _____ Escort name: _____

People travelling		Trip type	Transport type			Accommodation type	
P = Patient	E = Escort	S = Single	A = Aeroplane	C = Car	T = Taxi		PV = Private
P/E = Patient & Escort		R = Return	EM = Air/road ambulance	P = Public Transport (v-line, metlink)			C = Commercial/subsidised

Travel						
Journey start date	Journey end date	Where was treatment received? (Provide full address of where treatment was received)	People travelling	Trip type	Transport type	Treatment date(s)
/ /	/ /					start / / end / /
/ /	/ /					start / / end / /
/ /	/ /					start / / end / /
/ /	/ /					start / / end / /
/ /	/ /					start / / end / /
/ /	/ /					start / / end / /

Accommodation				
Was patient hospitalised?	Hospital admission date	Hospital discharge date	Accomm. type	Accomm. dates
yes no	/ /	/ /		start / / end / /
yes no	/ /	/ /		start / / end / /
yes no	/ /	/ /		start / / end / /
yes no	/ /	/ /		start / / end / /
yes no	/ /	/ /		start / / end / /
yes no	/ /	/ /		start / / end / /

Only original receipts for travel need to be submitted with your claim form. Petrol receipts are not required. All original accommodation invoices must be attached; EFTPOS and Credit Card receipts are not classed as an acceptable invoice.

Note: All trips will be calculated from/to the residential address provided in the claim form. Trips taken after the approved medical specialist or authorised officer has signed and dated this form will not be paid.

Signature of approved medical specialist or authorised officer _____ Dated on or after last journey / /

